

# ISONIAZID (INH) CLINIC FLOW SHEET

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

DATE STARTED INH (YYYYMMDD)		CODES <b>O</b> = No <b>✓</b> = Yes      CS = Comment Section									
Today's date (YYYYMMDD)											
Time											
No. months of INH											
<b>SUBJECTIVE</b>											
Fatigue											
Nausea											
Loss of appetite											
Dark urine											
Light stools											
Joint pain											
Loss of weight											
Visual changes											
Elevated temperature											
Tingling hands/feet											
<b>OBJECTIVE</b>											
Rash											
Icterus											
Other											
<b>ASSESSMENT</b>											
Patient taking medication											
Side effects noted											
<b>PLAN/ACTION</b>											
Refill INH no. 30											
Start/refill B6 no. 30											
Patient guidance provided											
Repeat liver function tests											
Discontinue INH											
Refer to MD											
Referral to next duty sta											
Next appointment (Date) (YYYYMMDD)											
Interviewer's initials											
<b>COMMENT SECTION</b>											
(Continue on reverse)											
PATIENT'S IDENTIFICATION (Use mechanical imprint if available. For typed or written entries give: Name, SSN, Unit, Sex, Birthdate and Duty Phone.)					<b>INTERVIEWER'S IDENTIFICATION DATA</b>						
					SIGNATURE AND TITLE						INITIALS